SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

				PAGE	3	30 O	F	47	
(check only one)									
X	11a	11b		11c		12			
	13	14		15		16		17	

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NAME OF COMMITTEE (In Full) ACADIA HEALTHCARE COMF	PANY INC. FEDPAC			
Full Name (Last, First, Middle Initial) Brian T. McCullough Mailing Address 1413 Hanson Drive City Franklin FEC ID number of contributing federal political committee. Name of Employer Acadia Healthcare	State Zip Code TN 37067 C Occupation VP-Tax	Date of Receipt M		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Michael McCullough Mailing Address 1084 Riverwood Village Boul City	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
Hermitage FEC ID number of contributing federal political committee.	State Zip Code TN 37076	Transaction ID : SA11AI.4290 Amount of Each Receipt this Period 1500.00		
Name of Employer Acadia Healthcare Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Division CFO Aggregate Year-to-Date ▼ 1500.00	Contribution		
Full Name (Last, First, Middle Initial) Tracey Moe Mailing Address 1857 Vista Del Lago City	Date of Receipt 04 16 2015 Transaction ID : SA11AI.4338			
Fallbrook FEC ID number of contributing federal political committee. Name of Employer Acadia Healthcare Receipt For: □ Primary □ General □ Other (specify) ▼	CA 92028 C Occupation Division CFO Aggregate Year-to-Date ▼ 1500.00	Amount of Each Receipt this Period 1500.00 Contribution		
SUBTOTAL of Receipts This Page (optional)	•	4000.00		
TOTAL This Period (last page this line number	only)			